



Feel better, work better

Final Report

Executive Summary

September 2008

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Executive Summary

Q-active, based at the Queens Medical Centre (QMC) Campus of Nottingham University Hospitals NHS Trust in Nottingham, is one of the first NHS-based programmes dedicated to improving the health and wellbeing of staff. This innovative initiative was developed in direct response to the Government's call for healthcare settings to 'set the example' for workplace health the Choosing Health White Paper.

Q-active, funded through the Active England initiative between Sport England and the National Lottery, began as a three year project that aimed not just to promote the health and physical activity levels of staff, but to change the health culture of a large NHS organisation.

It was anticipated that Q-active would affect an increase in the health and activity behaviours and attitudes of staff, which may reward Trust managers with decreased absenteeism and turnover and increased morale and productivity, providing a blueprint for all workplace wellness initiatives in future. On a more global level we anticipated results to have national influence with regards to physical activity and health policy in healthcare settings.

Q-active Aims and Objectives

Primary aim:

To change the health culture of the organisation and staff of a large NHS Trust Hospital to become a health-promoting organisation where staff lead by example being actively encouraged and empowered to make healthy choices at work.

Secondary aims:

1. To produce a cost-saving to NUH from reduced lost days due to sickness absences amongst staff.
2. To produce a cost-saving to NUH in terms of productivity.
3. To significantly reduce the cost to NUH staff in terms of their physical health, psychological wellbeing and job satisfaction.
4. To improve the perception of the organisation in the local community.
5. To improve the perception of the organisation amongst staff.

Objectives:

The Q-active project intended to achieve these aims through a series of specific objectives:

- To improve current staff physical activity facilities and provide more opportunities to be physically active at work.
- To significantly increase the physical activity levels of QMC Campus staff.
- To improve the nutrition facilities for staff.
- To significantly improve the nutritional intake of staff whilst at work.
- To provide facilities for staff to unwind, socially interact, take breaks and to enhance their psychological wellbeing at work.
- To reduce stress in staff
- To develop or create Trust health policies.
- To affect the health culture of Trust management.

Key Baseline results

The first six months of the project was spent carrying out a detailed needs assessment to ascertain existing staff health behaviours, knowledge and attitudes and current health promoting policies and facilities at QMC Campus.

Physical activity

- 53% claimed to be sufficiently active
- 18.9% intended to increase their activity levels in the next 6 months
- Women tended to report they were less inclined to exercise when they were tired, stressed or in a bad mood.
- Over half of staff said they weren't confident they would exercise when busy.
- Staff showed an overall lack of knowledge about the Government recommendations on physical activity

Smoking

- 10% of the sample smoked
- 21.5% intended to quit in the next month and 32.6% in the next 6 months

Nutrition

- 71% sample believed they ate healthily BUT:
- Less than half of the sample ate 5-a-day
- Only one fifth drank the recommended 8 glasses of water a day
- 80% intended to eat more healthily in the next 6 months
- 2/3 felt that the Trust did not care about healthy eating and 68% disagreed that healthy eating is generally promoted throughout the QMC Campus.

Social Support

- 3/4 respondents reported no encouragement from colleagues to be active or make healthy food choices

General health and mood

- Most respondents believed they were fairly healthy BUT:
- 1/4 reported that their work was affected by health problems either some, most or all of the time
- Most claimed to be satisfied by their job but just over 1/4 admitted to 'throwing a sickie' – 10% of these in the previous 6 weeks
- Our sample represented 1/5 workforce so the Trust was losing an alarming number of working days to 'false' sickness absence
- 40% of the sample reported they rarely got 7 or more hours sleep a night
- 39% had low mood (as per the GHQ-12)

Our thorough needs analysis highlighted several areas of opportunity for health promotion at QMC Campus. Our next step was to design a programme, based on our findings, that could realistically achieve change given the time, resource and support constraints.

Project Design

From previous experience, published research and the above findings, we decided to base the structure of the Q-active project on an ecological model to maximise its effectiveness.

The Q-active programme gathered a substantial amount of primary and secondary data to inform its future direction. Contrary to our initial thoughts, there is little evidence to support the effectiveness of workplace health promotion programmes that concentrate on environmental changes alone (i.e. expenditure of capital). The effective promotion of health behaviours comes at a price of both revenue and time and must be supported from the top.

Our ecological approach therefore targeted the following:

Strategy One: Obtaining management support for the programme

Health behaviours need to be promoted to staff in innovative and fun ways involving management support and possibly involving incentives that will engage all staff, not just preach to the converted. e.g. flexible breaks, rewarding champions, allowing screening during work hours, promotion of active travel.

Strategy Two: Targeting the individual through regular health screenings, advice etc.

Health promotion programmes risk only 'preaching to the converted' and not reaching staff with the highest health risk factor. Staff may be unaware of how physically inactive they really are. The best solutions involve going to staff, rather than expecting them to come to us.

Strategy Three: Targeting attitude change through community initiatives and information dissemination

Increased active commuting to QMC Campus through promotion of walking and cycling routes, cycling lessons, incentives etc. Information is difficult to disseminate in such a large, diverse employer so we need to target each department separately using notice boards, magazines, leaflets, posters, website, events, etc.

Strategy Four: Providing an activity-promoting environment

The staff wellbeing room is an ideal facility. Other plans involved the refurbishment of the existing changing rooms and increased bike storage – although it is unlikely that these will actually increase participation, they would make life easier for existing participants. Incidental activity and health behaviours will be promoted using stair use signs, canteen signage and other cosmetic ideas.

The Trust's difficult climate when we launched was an obstacle to change but also presented opportunities to change the policies and procedures of the Trust, whilst all existing policies and procedures were open to change. There was also a strong argument that, at this difficult time, Q-active presented the Trust with a 'good news story' to benefit the troubled staff and help them feel valued as employees.

Q-active aimed to provide a multi-component strategy of internal marketing initiatives and educational campaigns to Trust management, to win their active support and to all staff sectors to gain their involvement, a health-promoting environment and individual and community initiatives to facilitate participation.

Interventions

Based on evidence from the baseline data and the ecological model, Q-active was designed to be a series of research projects and interventions that would provide a supportive, encouraging social and physical environment and both informal and formal opportunities for physical activity and other health behaviours.

Level	Interventions
Individual: Knowledge, attitude and skills	Marketing to inform and promote an active culture Exercise classes for all abilities Wellbeing sessions
Social/Cultural: Enhancing Relationships	Q-activators promoting projects to colleagues Strong brand awareness to promote QMC as healthy workplace Department challenges Exercise / wellbeing classes Increased opportunities and signage for incidental activity
Organisational: Leadership, capacity, will and infrastructure	Q-active team Active management support to deliver the programme top-down Active employee support (through Q-activators) to deliver the programme bottom-up Active support from committees e.g. FACE, Health at Work, IWL, etc.
Environmental: The physical environment	Wellbeing room Changing facilities Bike storage Accessible, multiuse gym Signage promoting use of stairs/walkways
Community: Assets and partnerships	Sport England Working Well East Midlands Nottingham City PCT University of Nottingham Nottingham City and County Councils Sport Nottinghamshire
Policy	Must not just be a tick-box exercise. Actual change through measurable goals implemented via: Psychological Wellbeing policy Improving Working Lives Green Commuter Plan

We divided the interventions into:

- Physical activity (our main focus)
- NHS culture
- Other interventions
- Organisational structure
- General health behaviours

Key Post-Intervention Results

- In such a large organisation even changes to health behaviours of a small proportion of employees is a significant finding as they still involve large numbers of staff.
- There were some slight reductions in sedentary behaviours both at work and at home from baseline.
- There was an increase in lifestyle leisure activities, particularly walking and cycling for health, running, attending fitness classes and gym workouts. These are the activities that have been strongly promoted by Q-active.
- No major changes in smoking and nutrition were observed, although these were not the primary focus of the programme - nevertheless individual surveys have offered more positive information about smoking behaviours/smoking cessation related to the local and national smoking bans, and our weight management programme was well-received even if not formally evaluated.
- Q-active may have tapped into motivation levels since reporting of poor motivation to exercise decreased post-intervention.
- More staff reported low mood and poor health than at baseline, which is likely a result of the uncertain climate over the past two years following Trust merger and changes to job roles.
- Most respondents (90%) were aware of Q-active and our health messages. Most also agreed with the principle behind it and wanted it to continue.

Our findings mirror those found by previous research. Behaviour change has been reported as one of the longer term outputs of public health interventions and typically reaches less than 30% of the target audience three years after launch, whilst attitude change occurs much earlier, with the bulk of the impact occurring within three to five years.

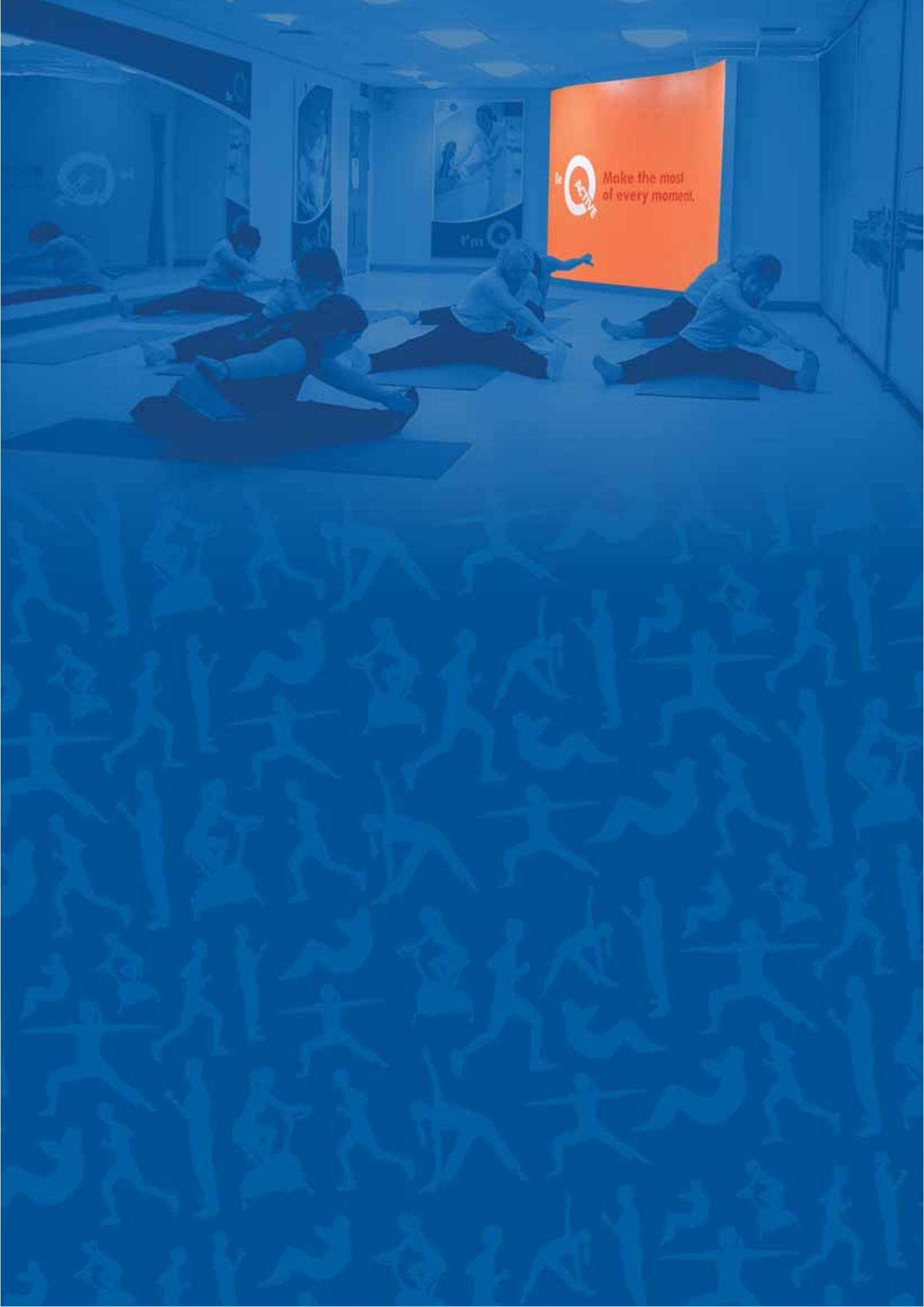
Thus, the first three year set-up period of Q-active is just the start of a huge shift in health culture change at NUH Trust. Awareness is being raised - as evidenced by the changes in lifestyle activities. It is only when workplace/work-time activities are better accepted by NHS management and overall culture that we will observe dramatic changes in workplace health behaviours (as has been demonstrated in other countries where workplace health schemes are more commonplace and accepted as an integral part of employee management).

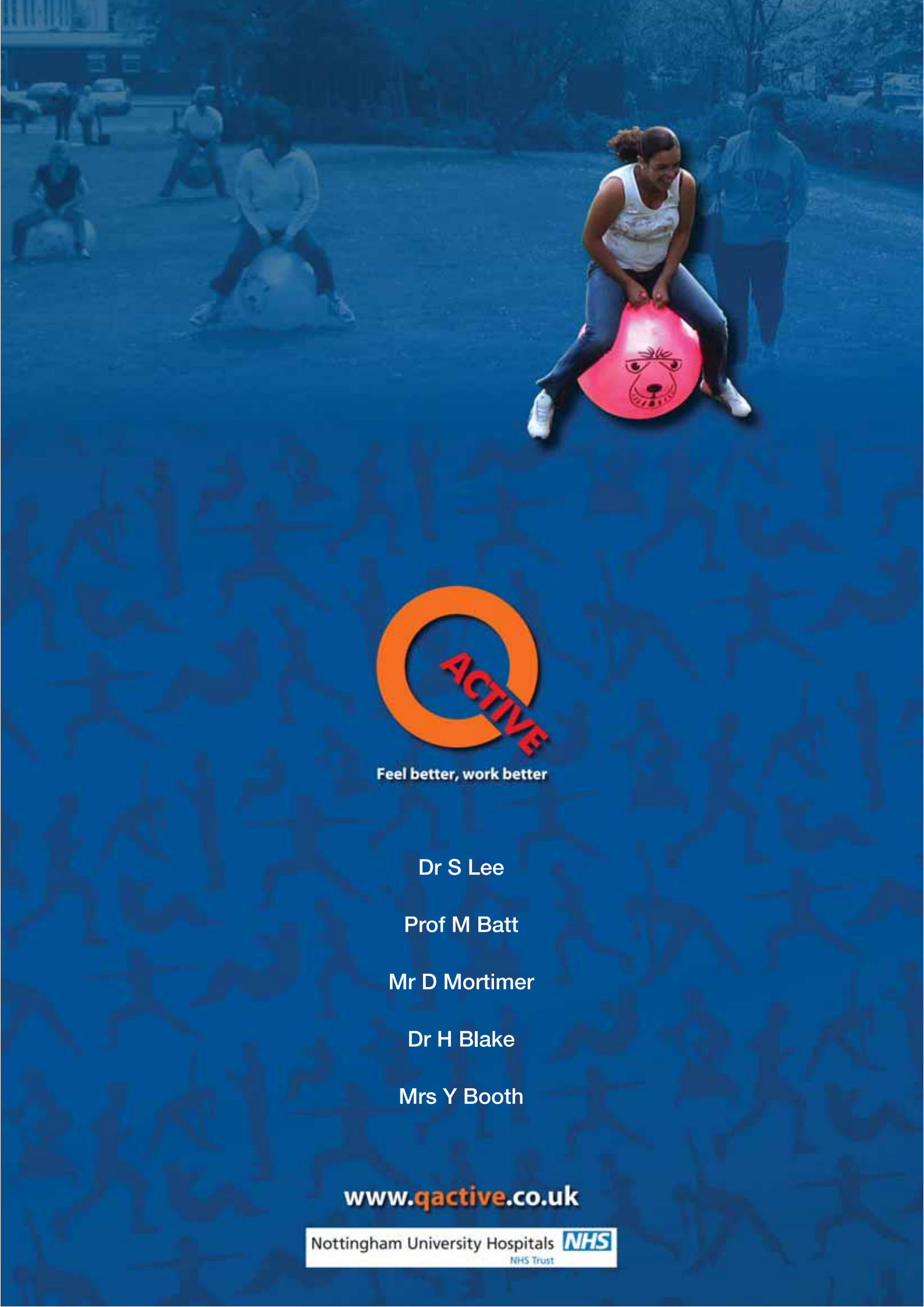
The real benefits of our workplace wellness programme have been the social and more intangible benefits. We have created employment opportunities for both Trust staff and community members, made changes to the physical environment (such as stair signs and motivational posters, a staff wellbeing room, 'smoothie' bars, five-a-day campaigns in the catering outlets etc) and of course, have made a start on the initial aim of improving the health culture, beliefs and behaviours of Trust staff.

Despite not being able to provide hard research data on our programme's impact on sickness absence and turnover, we have obtained much qualitative data from participants stating that, since the Trust was going through a very difficult time with staff workloads increasing due to staff shortages, the enjoyable activities provided by Q-active and social support they gained from friends made at the classes were the only reason that they had chosen to continue working for the Trust.

Conclusion

- We have shown that large public health workplaces, such as NUH, provide an ideal setting for ecologically-based interventions targeting the health behaviours of employees.
- The Q-active programme provided a resource efficient, effective solution to promote health by carrying out a thorough needs analysis and implementing a rigorous workforce health scheme aimed at all levels of NUH Trust from the individual employees, management through to company policies.
- A dedicated programme of research accompanied the interventions and provided comprehensive evidence of success.
- We would like to develop this scheme at public sector workplaces in the East Midlands and intend to eventually roll the programme out Nationally once the product is completely honed.
- The Q-active programme, if fully supported, could have national influence with regards to physical activity policy in public health settings. The overall aim is to disseminate positive health messages and increase activity levels through 'culture change'.





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